



# **FY 2003 Southwest AmeriCorps\*VISTA Program Grant Application Instructions**

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## ***Responsibilities of the Grantee***

The applicant organization must demonstrate a strong institutional commitment of personnel, resources, training and technical expertise in the particular anti-poverty field listed in the NOFA. Organizations must develop a strong and well-coordinated anti-poverty project in one of the given issue areas. Projects may operate in one state or in multiple states within the Southwest Region (AR, AZ, CO, KS, LA, MO, NM, OK, TX). The applicant organization will have several crucial roles and responsibilities in operating an AmeriCorps\*VISTA project such as program design, member recruitment and supervision, reporting, and continued efforts at sustainability [of project activities] within the low-income community.

## ***Submission Requirements***

To be considered for funding, applicants must submit five copies, with original signatures on items 2 and 3, of the following:

1. AmeriCorps\*VISTA Project Application, Form 1421, Part A and Part B. All project information must be contained in the space provided on the application form except where additional sheets may be submitted for the Project Work Plan and/or Member Assignment Description(s).
2. Application for Federal Assistance, SF 424, with a detailed narrative budget justification.
3. A one-page narrative summary description, single-spaced, single-sided in 10–12 point, of the proposed AmeriCorps\*VISTA project including the name, address, telephone number, and contact person for the applicant organization as shown on the SF 424.  
**NOTE:** The summary should include the major objectives and expected outcomes of the project. The summary will be used as a project abstract to provide reviewers with an introduction to the substantive parts of the application. Therefore, care should be taken to produce a summary which accurately and concisely reflects the proposal.
4. Current resume of potential AmeriCorps\*VISTA supervisor(s), if available, or resume of the director of the applicant organization.
5. List of members of the Board of Directors including their professional affiliations and/or program-related activities.
6. Organizational chart illustrating the location of the AmeriCorps\*VISTA project within the overall applicant organization.
7. Letters of support must be provided from outside organizations that will be collaborating in the overall project effort. Letters should reflect knowledge and endorsement of the specific objectives of the project, as well as any commitment of resources to the project if applicable.
8. Current Articles of Incorporation.
9. Proof of non-profit status, or an application for non-profit status and related documentation.
10. CPA certification of accounting capability.
11. A copy of most recent annual report, if available.
12. A completed signed Form 1199, included in the application kit.

No additional attachments are to be included. Such attachments will not be read or given to reviewers.

## **Criteria for AmeriCorps\*VISTA Project Selection**

All of the following elements must be incorporated in the applicant's submission:

### **Program Design**

#### **Getting Things Done**

The proposed project must:

1. Address the needs of low-income communities and otherwise comply with the provisions of the Domestic Volunteer Service Act of 1973, as amended, (42 U.S.C. 4951 *et seq.*) applicable to AmeriCorps\*VISTA, and all applicable published regulations, guidelines, and Corporation policies.
2. Be internally consistent, i.e., the problem statement that demonstrates need, the project work plan, the AmeriCorps\*VISTA member assignment description, and all other components must be related logically to each other.
3. Contain clear and measurable objectives/outcomes in the project application for a 12-month period that address the overall objectives of the initiative. Proposed projects must show how the activities of the AmeriCorps\*VISTA members contribute to specific outcomes related to increased economic opportunity for low-income people. It is expected that outcome objectives will reflect the evolution of the project over the 12-month period.
4. Include activities and mechanisms that provide for the involvement of the low-income beneficiaries of the project.
5. Indicate how the proposed project complements and/or enhances activities already underway in, or planned for, the community(ies) which will be served by the project. To the extent possible, projects should seek out opportunities to collaborate with other Corporation programs, as well as with other community partners, including the business sector.
6. Describe how the number of AmeriCorps\*VISTA members requested is appropriate for the project goals/objectives, and how the skills requested are appropriate for the assignment(s).

### **Strengthening Communities**

The proposed project must:

1. Describe how the project will develop a sustainable capacity in the local community to effectively foster the long-term self-sufficiency of the project activities. Project services should provide assistance oriented towards long-term solutions.
2. Demonstrate collaboration with organizations which provide supportive services to enhance homeland security and senior antipoverty efforts.
3. Be designed to generate public and/or private sector resources, and to promote local, part-time volunteer service at the community level.
4. Describe in measurable terms the anticipated self-sufficiency outcomes at the conclusion of the project, including outcomes related to the sustainability of the project activities.

### **Member Development**

The proposed project must:

1. Clearly state how AmeriCorps\*VISTA members will be trained, supervised, and supported to ensure the achievement of program goals and objectives as stated in the project work plan.
2. Describe how AmeriCorps\*VISTA assignments are designed to utilize the full-time AmeriCorps\*VISTA member's time to the maximum extent.

### **Organizational Capacity**

The proposed project must:

1. Ensure that resources needed to achieve project goals and objectives are available.
2. Have the management and technical capability to implement the project successfully.
3. Have a track record or experience in dealing with the issues addressed by the proposed project.
4. Have systems for the evaluation and monitoring of project activities. Applicants must describe the methods that will be used to track progress toward the stated objectives, and the procedures that will provide the feedback needed to make adjustments and improve program quality. Projects must also be prepared to cooperate with the Corporation for National Service and its evaluation partners in all Corporation monitoring and evaluation efforts.

### **Budget/Cost-Effectiveness:**

The proposed project must:

1. Include a budget that adequately supports the program design.
2. Include a budget that adheres to general budget guidance provided with the application.
3. Describe how the applicant organization is committing resources necessary for program implementation.

### ***General Budget Guidance***

The budget periods for all AmeriCorps\*VISTA program grants will be for one year. The items listed below should be included in program grant budgets. Items not listed below are not applicable to AmeriCorps\*VISTA program grants and should not be included. The Corporation will cover all costs related to health support, child care, pre-service orientation, and education awards, when available, outside of the program grant budget and, therefore, should not be included here. All line numbers refer to SF 424A: Part II Budget.

While there is no specific match requirement, the level of matching contributions will also be considered in the final application selection. Applicant organizations should indicate the type and level of resources they will provide to support the project in Column 5, Non Federal Resources, of the line-item budget of SF 424A.

A narrative justification for each line item, whether federally and/or non-federally funded, must accompany the budget submission.

## **Supervision**

Indicate in Section One of the budget page (Volunteer Support Expenses), the salary, fringe, and travel levels required to provide supervisory support for the AmeriCorps\*VISTA members assigned to the program grant. (Lines 1.a., b., c.)

The accompanying narrative justification should specify the number of full and/or part-time supervisory position(s), including the percentage of time to be spent on the AmeriCorps\*VISTA project for each position.

If the applicant organization is proposing to cover the costs for all or part of the supervisor(s) salary and fringe benefits, such amounts must be specifically reflected in the “non-Federal Resources” Column 5 of SF 424A, and specifically discussed in the accompanying narrative for the line-item. All salary and benefits should be commensurate with rates of pay for similar work appropriate to the area(s) served by the applicant organization.

## **Payroll Administration**

The budget may include up to \$75 per member to cover costs associated with preparation and/or distribution of member allowance checks. (Line 1.g.)

## **Logistic Support**

The budget may include up to \$100 per member to cover postage, duplicating, telephone expenses, etc. (line 1.g.) Supplies and equipment are not included in this category and will not be reimbursed in any program grant.

## **Audits**

Audits are allowable costs which may be included in the budget if needed. OMB requirements set the minimum threshold for federal grants that must be audited to \$300,000. Recent, previous audits of Federal grants may be used to fulfill this requirement. (Specify Audit Line 1.f.)

## **Regular Allowances**

Grantees have the responsibility to pay AmeriCorps\*VISTA members certain allowances. In the development of the program grant budget (lines 2.a. and b.) include estimates for subsistence allowance, stipend, and FICA on the stipend only.

For subsistence allowance (line 2.a.) use the national average figure of \$9,168.00 per year per AmeriCorps\*VISTA member in the continental United States; use \$10,110 per year per member in Hawaii; and use \$10,481 per year per member in Alaska. (Budgets will be adjusted after grant decisions are made to reflect actual cost per locations.)

Stipend (line 2. a.), the end-of-service cash stipend payment is \$1,200 per member per year (paid at the end of service for those members completing a full year of service).

FICA (line 2.b.) is calculated based on 7.65% of the stipend line only.

AmeriCorps\*VISTA members must choose the stipend which is built into the budget of a grant and administratively handled by the grantee.

AmeriCorps\*VISTA project sponsors are prohibited from supplementing the regular allowances outlined above. Sponsors may, however, fully cover the costs of subsistence, stipend and FICA for a portion of the members requested in the grant. Such costs should be specifically reflected in Column 5 of SF 424A under the heading “Non-Federal Resources”, and discussed specifically in the accompanying narrative.

### **Settling-In Costs**

Up to \$550 should be budgeted for each member who is expected to have to relocate in order to serve. This is a one-time expense. (Line 2.b. Other)

If the applicant organization is proposing fully or partially covering the costs for a proportion of the members requested in the grant, settling-in costs should be specifically reflected in the “Non-Federal Resources” Column 5 of SF 424A, and discussed specifically in the accompanying narrative.

### **Member On-the-Job [Assignment-Related] Transportation**

Mileage, excluding commuting mileage should be calculated at up to 30 [now 36 per VISTA policy?] cents per mile, or the rate at which the applicant organization reimburses its own staff, whichever is less. (Line 2.c.)

If the applicant organization is proposing to fully or partially cover the costs of member on-the-job travel, that amount should be specifically reflected in the “Non-Federal Resources” Column 5 of SF 424A and discussed in the accompanying narrative for the line-item.

### **Early Service/In-Service Training**

In-service training should be budgeted in the grant at up to \$250 per member. (Line 2.g.)

Additional training provided directly by the sponsor on an in-kind basis should be specifically reflected in the “Non-Federal Resources” Column 5 of SF 424A (Line 2.g.), and discussed in the accompanying narrative for the line-item.

**NOTE: Federal funds may be requested only for the items identified above.**

### **Payments of AmeriCorps\*VISTA Allowances by Grantees**

Under VISTA’s authorizing legislation, all AmeriCorps\*VISTA members (including those paid directly by grantees) are regarded as Federal employees for certain limited purposes, including income tax and FICA tax withholding. AmeriCorps\*VISTA members are not employees of the

grant sponsor, and it is incorrect to report income they receive under the sponsor's existing IRS reporting [employer ID] number.

Since AmeriCorps\*VISTAs are considered Federal employees for tax purposes, the grant sponsor acts as an agent for the Corporation in withholding taxes. Because of this relationship, the grant sponsor must obtain a separate FICA withholding number for the VISTA program. Since IRS is reluctant to issue two reporting numbers to the same organization, grant sponsors should use a separate designation for the second number such as “(sponsor name) VISTA project”. The rules which apply to FICA withholding for other employees of the sponsor do not apply to the AmeriCorps\*VISTA members. (FICA is withheld from stipend only at the time it is paid to the member.)

Grant sponsors should make no deductions from VISTA allowances for workers' compensation, health insurance, or other types of “fringe benefits” which the grantee's own staff is receiving. [AmeriCorps\*VISTA members] Grant volunteers are covered by AmeriCorps\*VISTA's health benefits program, by the Federal Employees Compensation Act, and by the Federal Tort Claims Act. AmeriCorps\*VISTA members are not eligible for unemployment [benefits] insurance at completion of service; therefore, no unemployment tax shall be paid by the sponsor.

## ***Application Review***

To ensure fairness to all applicants, the Corporation reserves the right to take action, up to and including disqualification, in the event that an application fails to comply with any requirements specified in this Notice.

The following weights will be used in judging the elements described above.

1. Program Design (60%) in the following order of importance:
  - a. Responsiveness to Strengthening Communities Criteria
  - b. Responsiveness to Getting Things Done Criteria
  - c. Responsiveness to Member Development Criteria
2. Organizational Capacity including demonstrated capacity in addressing proposed issues (25%).
3. Budget/Cost-Effectiveness (15%).

## ***Forms***

CNCS 1421 A  
CNCS 1421 B  
SF 424  
SF 1199



# VISTA

## Project Application Part A

A complete AmeriCorps\*VISTA Project Application consists of both Part A and Part B. Part A of the Project Application may be used by State Offices as a preliminary screening tool. Submission of Part B will be determined by the State Office.

- As required by Section 504 of the Rehabilitation Act of 1973, as amended, this form may be available in alternate formats. **TDD/TTY** number: (202) 606-5256. Written or telephone inquiries may be made to: Deputy Director, AmeriCorps\*VISTA, 1201 New York Ave., NW, Washington, DC 20525 (202) 606-5000, ext. 236.
- Burden per response for Section A estimated at 1 hour, and estimated at 8 hours for Section B. Send comments regarding this estimate or suggestions for reduction to Corporation for National Service, Clearance Officer, 1201 New York Ave., NW, Wash., DC 20525.
- 5.C.F.R. 1320.5 (b)(2)(I): "the agency informs the potential persons who are to respond to the collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number."



<b>AmeriCorps*VISTA Project Application Part A</b>		<b>For Corporation Use Only:</b> Project Number: _____ Date Received: _____ Date Responded To: _____
<b>APPLICANT ORGANIZATION</b>		<b>PROJECT DIRECTOR</b> (If not Agency Dir.)
Name _____		Name _____
Address _____		Address _____
City _____	State _____	Zip Code _____
Telephone (____) _____		Telephone (____) _____
Facsimile (____) _____		Facsimile (____) _____
Internet Email _____		Internet Email _____
Agency Director Name: _____		<b>Proposed number of AmeriCorps*VISTA Member(s):</b> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>
Title: _____		
<b>Type Of Applicant</b> A. State Government                      G. Community Action Agency B. Local Government                      H. Private Non-Profit C. Federal Government                      I. Tribal Government D. Statewide Assoc.                      J. Church-related E. Local Affiliate of                      K. Other (Specify): _____ National Organization F. School  <div style="text-align: center;"> <i>Enter Identifying Letter in Box</i> <div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block; margin-left: 10px;"></div> </div>		<b>Geographic Location:</b> Name each city/county in which AmeriCorps*VISTA Member(s) would serve:  _____ _____ _____ _____
<b>Was your organization previously assigned AmeriCorps*VISTA Members?</b> _____ If yes, name of sponsor: _____ Specify year(s): _____ and number of AmeriCorps*VISTA Member(s): _____		<b>Does your organization currently have other resources provided by the Corporation for National Service?</b> If yes, which program(s)? _____ How many participants? _____
<p>Submission of Part A of this Project Application does not guarantee that the Corporation for National Service will request Part B of the Project Application, or assign AmeriCorps*VISTA Members or other resources to your organization, nor does it compel your organization to accept any such resources. In the event that your organization agrees to accept any AmeriCorps*VISTA Members upon approval as an AmeriCorps*VISTA Project Sponsor, it must agree to assume full responsibility in the community(ies) served for the development, implementation, and management of their activities and the program in which they serve.</p>		
<b>AGENCY DIRECTOR</b>  _____ Signature/Title  _____ Date		<b>BOARD OF DIRECTORS REPRESENTATIVE</b>  _____ Signature/Title  _____ Date

**AmeriCorps\*VISTA Project Application**  
**Part A**

1. Describe your organization's mission, the community/population served, and your organization's experience in the areas of service where you wish to use AmeriCorps\*VISTA resources.

2. State the problem(s) your proposed AmeriCorps\*VISTA project would be designed to address within the low-income community..

3. Describe the long-range goal(s) of the AmeriCorps\*VISTA project, the anticipated outcomes and the projected impact on the low-income community.

4. What activities will AmeriCorps\*VISTA Members perform to accomplish those goals?

5. Estimate how many years your organization will need AmeriCorps\*VISTA Members to achieve the planned goals and make the project self-sustaining.

6. What experience does your organization possess in coordinating the efforts of community volunteers and/or service participants?

7. What resources and materials exist to support your proposed project? Identify any other organizations which will be collaborating in this effort.



# VISTA

## Project Application Part B

A complete AmeriCorps\*VISTA Project Application consists of both Part A and Part B. Part A of the Project Application may be used by State Offices as a preliminary screening tool. Submission of Part B will be determined by the State Office.

- As required by Section 504 of the Rehabilitation Act of 1973, as amended, this form may be available in alternate formats. **TDD/TTY** number: (202) 606-5256. Written or telephone inquiries may be made to: Deputy Director, AmeriCorps\*VISTA, 1201 New York Ave., NW, Washington, DC 20525 (202) 606-5000, ext. 236.
- Burden per response for Section A estimated at 1 hour, and estimated at 8 hours for Section B. Send comments regarding this estimate or suggestions for reduction to Corporation for National Service, Clearance Officer, 1201 New York Ave., NW, Wash., DC 20525.
- 5.C.F.R. 1320.5 (b)(2)(I): "the agency informs the potential persons who are to respond to the collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number."

# AmeriCorps\*VISTA Project Application Part B

**For Corporation Use Only:**

Project Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Responded To: \_\_\_\_\_

<b>APPLICANT ORGANIZATION</b>	<b>PROJECT DIRECTOR</b> (If not Agency Director.)
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Telephone (____) _____ Facsimile (____) _____ Internet Email _____  Agency Director Name _____ Title _____ Organization's Employer Identification Number: _____ EIN: _____	Telephone (____) _____ Facsimile (____) _____ Internet Email _____  <b>City, County, Zip of each requested site:</b> _____ _____ _____ _____
<b>Is application subject to review by State Executive Order 12372 Process?</b>  ____ Yes, this application was made available to the State Executive Order 123372 Process for review on: _____  State Application Identifier No. (assigned by State): _____  ____ No, Program is not covered, OR ____ No, Program has not been selected by State for review.  <i>For information on the State Clearinghouse process, please contact your Corporation State Office.</i>	<b>Is the applicant delinquent on any Federal debt?</b> Yes: _____ No: _____ If "yes," attach an explanation.  <b>Proposed number of AmeriCorps*VISTAs:</b>  _____ NRVs _____ LRVs  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Total Number Requested:</b> </div>  <i>AmeriCorps*VISTA Members are categorized into two types, locally-recruited (LRV) and nationally recruited (NRV). LRVs are identified by the sponsor, while NRVs are identified either through AmeriCorps' national recruitment system or the Corporation State Office. Sponsors are encouraged to assign place both types of Members to ensure Member diversity and appropriate skills/experience.</i>
Submission of Part A of this Project Application does not guarantee that the Corporation for National Service will request Part B of the Project Application or assign AmeriCorps*VISTA Members or other resources to your organization, nor does it compel your organization to accept any such resources. In the event that your organization agrees to accept any AmeriCorps*VISTA Members upon approval as an AmeriCorps*VISTA Project Sponsor, it must agree to assume full responsibility in the community(ies) served for the development, implementation, and management of their activities and the program in which they serve.	
<b>AGENCY DIRECTOR</b>  _____ Signature/Title  _____ Date	<b>BOARD OF DIRECTORS REPRESENTATIVE</b>  _____ Signature/Title  _____ Date

## CRITERIA FOR SELECTING AMERICORPS\*VISTA SPONSORS

The following criteria will be employed by Corporation staff in the selection of AmeriCorps\*VISTA sponsors and in the approval of both new and renewal AmeriCorps\*VISTA projects. Your proposal must include all of the elements listed below. The project must:

### Criteria for Sponsorship

1. Be a public sector organization or a private organization designated as non-profit by the IRS.
2. Comply with applicable financial and fiscal requirements established by the Corporation for National Service.
3. Have resources available for AmeriCorps\*VISTA Members to perform their tasks; ie, space, consumable supplies, telephone, on-the-job transportation reimbursement; and be able to provide emergency cash advances when needed.
4. Be able to mobilize community, public, and private sector resources to achieve short-term program goals and long-term project self-sufficiency goals, and to encourage local part-time volunteer service.
5. Have the capacity and commitment to recruit, orient, train, supervise and otherwise support locally and nationally recruited Members in appropriate capacity-building roles.
6. Have an understanding of the concept of, and be committed to, promoting national service and AmeriCorps\*VISTA.
7. Be experienced in the issues related to the beneficiaries of service and those being addressed by the proposed project.
8. Have the capacity to build community partnerships and collaborative efforts in order to achieve project self-sufficiency.

### Project Selection Criteria

1. Address the needs of low-income communities and otherwise comply with the provisions of the Domestic Volunteer Services Act Of 1973, (DVSA) as amended (42 U.S.C. 4951 et seq.) applicable to AmeriCorps\*VISTA and all applicable published regulations, guidelines and Corporation policies.
2. Lead to building organizational and/or community capacity to continue the efforts of the project once AmeriCorps\*VISTA resources are withdrawn.
3. Be designed to generate public and/or private sector resources and to promote local, part-time volunteer service.
4. Describe in measurable terms the anticipated self-sufficiency outcomes at the conclusion of the project, including outcomes to the sustainability of the project activities.
5. Clearly state how Members will be trained, supervised, and supported to ensure the achievement of program goals and objectives.
6. Be internally consistent; The problem statement which demonstrates need, the work plan, the assignment, and all other components must be related logically to each other.
7. Ensure that AmeriCorps\*VISTA and community resources are sufficient to achieve project goals and objectives.
8. Involve beneficiaries in project development and implementation throughout the life of the project
9. Have the management and technical capability to implement the project successfully.
10. Describe how the number of Members being requested is appropriate for project goals and objectives, and how the skills and qualifications described in the application are appropriate for the assignment(s).
11. Describe how AmeriCorps\*VISTA assignments are designed to best utilize the full-time Member's time to the maximum extent.

Section 110 of the Domestic Volunteer Service Act, entitled Application for Assistance by Previous Recipients, requires that the following language be included *verbatim* in each application for AmeriCorps\*VISTA assistance:

(A) **DURATION**-The Director shall not deny assistance under this part to any project or program, or any public or private non-profit organization, solely on the basis of the duration of the assistance such project, program, or organization has previously received under this part.

(B) **CONSIDERATION OF APPLICATION**-The Director shall consider each application for the renewal of assistance under this part to any project or program on an individualized, case-by-case basis taking into account---

(1)the extent to which the sponsoring organization has made good faith efforts to achieve the goals agreed on in the application of such project or program; and

(2)any extenuating circumstance beyond the control of the sponsoring organization that may have prevented, delayed or otherwise impaired the achievement of such goals.

(C) **NEW PROJECT OR PROGRAM**-The Director shall consider each application for assistance under this part for a new project or program, that is submitted by a public or private non-profit organization that has previously received such assistance (so long as such new project or program is clearly distinct from activities for which the organization has previously received such assistance), on an equal basis with all other applications for such assistance and

without regard for the fact that the organization has previously received such assistance.

(D) **RENEWAL OF ASSISTANCE**-With respect to any consideration that relates to the duration of assistance under this part and that is applied by the Director in the case of a request for a renewal of assistance under this part, the Director may not apply any such consideration against any entity that is:

(1)functioning as an intermediary between the Director and organizations requesting such renewal and ultimately receiving such assistance; and

(2)utilized by such organizations---

a) to prepare and submit applications for such assistance to the Director; and

b) to perform other administrative functions and service associated with applying for and receiving such assistance.

(E) **ELIGIBILITY**-All eligible public and private non-profit organizations shall be able to apply for assistance under this part.

## AmeriCorps\*VISTA Project Application Part B, Section I-VI Instructions

### Part B, Section I:

- 1a) Self explanatory.
- 1b) This includes any program supported by the Corporation for National Service.
- 1c) Explain any funding increases or decreases your organization anticipates over the coming year.
- 2) This question asks whether your organization can support the AmeriCorps\* VISTA project by directly contributing to the costs of the Members.
- 3) Self explanatory.

### Part B, Section II:

For multi-issue area projects, provide separate Sections II, III, and IV for each issue area.

- 1) Self-explanatory.
- 2) Self-explanatory.
- 3) Self-explanatory.

### Part B, Section III:

In this Section you are asked to complete a project work plan for AmeriCorps\*VISTA Members, using the model below. Using the AmeriCorps\*VISTA Project Work Plan format on page 4, submit a complete project work plan for each problem identified in Section II. Reproduce as many copies of pages 3B as necessary, making sure to number them in order.

- 1) In column A, list the proposed project goals and objectives which you expect the Members to achieve in relation to the problem(s) identified in Section II. The last goal of the work plan(s) must demonstrate how public and private sector resources will enable the project to continue after the Members leave. The statement(s) of goals and objectives should relate directly to the proposed AmeriCorps\*VISTA project within the context of your organization's overall purpose.

**GOALS** are ends toward which Members' activities are directed. They are broad in scope, up to 12 months in duration, and identify changes which will impact on the problem(s) identified in Section II.

**OBJECTIVES** are definable results leading to the achievement of each goal, and are stated in quantifiable and measurable terms. They are narrower in scope and short-term (e.g. quarterly) in duration.

- 2) In column B, indicate the quarter(s) during which the Member will work on, and achieve the stated goals.
- 3) Complete column C when you submit the AmeriCorps\*VISTA Project Progress Report to the Corporation.

### SAMPLE

Section III, AmeriCorps*VISTA Project Work Plan		
Column A	Column B	Column C
VISTA Project Goals and Objectives	Planned Period of Work and Accomplishment	Actual Period of Work and Accomplishment
Goal I: To develop a job readiness counseling and training program designed to assist 10 youth per month with placement in private sector jobs.		
Obj. 1: Recruit 20 community volunteers to participate in a public awareness campaign about the job-readiness program targeting schools, community centers, places of worship, and other areas where youth congregate.	1 <sup>st</sup> Qtr.	
Obj. 2: Organize and coordinate a task force of 10-12 individuals from the private and public sectors to design the overall program which will use human and financial resources from the community at large.	2 <sup>nd</sup> Qtr.	
Goal II: Design a system for recruiting students in need of job readiness counseling and training.		
Obj.1: ...		

**Part B, Section IV:**

AmeriCorps\*VISTA Member assignments require a full-time, full-year commitment. Members are prohibited by law from engaging in any outside employment while in service. During the recruitment process, the sponsoring organization must discuss the sponsor's responsibilities with each Member, as well as the terms and conditions of AmeriCorps\*VISTA service.

The AmeriCorps\*VISTA Member Assignment Description is used to recruit and inform potential Members about specific assignments to be performed on the project. Members assigned to the project will use the Assignment Description as their principal guidance for day-to-day activities designed to achieve the goals and objectives of the project Work Plan.

The instructions below will help you to develop Member Assignment Descriptions. Please note that you must complete a separate Assignment Description for each different assignment (whether performed by one Member or a group of Members). Reproduce additional copies of the form on pages 5B and 6B as needed. Each AmeriCorps\*VISTA Assignment Description must relate to its Project Work Plan (Goals and Objectives), although each Member may perform one or more segments of the Work Plan.

- 1-2) Self-explanatory.
- 3) Define the geographic area(s) where each assignment will be performed (e.g. Washington and Waldo Counties, in southern Maine.)
- 4) National recruits are individuals interviewed by AC\*VISTA Placement Officers and referred to projects, while local candidates are recruited and interviewed only by the project, and generally live in the same area where the host site is located.
- 5-7) Self-explanatory.
- 7) Self-explanatory (see SAMPLE below).
- 8) Describe the skills and qualifications required or preferred of a potential Member to accomplish the tasks and activities included in the Work Plan. If a Member must have specific skills or credentials, list them, e.g. must speak fluent Spanish (see SAMPLE below).
- 9) Federal law requires that sponsors make reasonable accommodations to the needs of qualified disabled persons wishing to serve as Members. Indicate any factors the Corporation should be aware of when assigning disabled Members to this project, such as availability of transportation and housing, accessibility of facilities, etc.

**NOTE:** You must complete a separate assignment description for each different Member assignment. When Members are selected for this assignment, you must give the Member a copy of this form prior to the Corporation Pre-Service Orientation.

SAMPLE

AmeriCorps*VISTA Member Assignment (Continued)
List responsibilities (tasks and activities) of the AmeriCorps*VISTA Member(s) working under this Assignment Description which refer to the objectives of the work plan.  The Member tasks and activities will be: <ol style="list-style-type: none"><li>1. produce outreach materials for volunteer recruitment</li><li>2. recruit minimum of 20 volunteers and train agency staff to continue recruitment efforts</li><li>3. meet with local business owners to solicit assistance in designing job-readiness training sites</li><li>4. set up teachers' referral system to select youth candidates for the program</li><li>5. research and develop funding resources to ensure project sustainability</li></ol>
8. List requested AmeriCorps*VISTA Member skills and qualifications. The preferred Member skills and qualifications are: <ol style="list-style-type: none"><li>1. interest in working on the problem of employment for low income youth, as well as commitment to the overall goals of the organization;</li><li>2. An educator, counselor, or individual who has experience with youth programs is desirable. A retired business professional would also be welcome.</li></ol>
9. Indicate any factors the Corporation should be aware of when assigning disabled AmeriCorps*VISTA Members to this project, such as availability of transportation and housing, accessibility of facilities, etc.. Indicate whether services to be provided are accessible to the disabled members of the community.



**Part B, Section V: Community Involvement****1) Self-explanatory.****2a,b) Self-explanatory.****Part B, Section VI: Project Management and Support****1a) Self-explanatory.****1b)** If you would like National Recruited Members to serve on your project, AmeriCorps\*VISTA Placement Officers will refer qualified candidates from nationally submitted applications upon authorization from the State Office to your organization for interviews and screening.**2) Self-explanatory.****3a)** If your Members will need to visit communities, hold meetings away from your office, conduct workshops, etc., estimate how many miles the travel will entail.**3b) Self-explanatory.****3c)** Will your Members be reimbursed by your organization for assignment-related travel, or will reimbursement be handled in a different way?**4a)** Within a few weeks after Pre-Service Orientation, Members have to complete an On-the-Job Orientation which is the responsibility of the sponsor organization. Summarize your planned Agenda and/or Itinerary for this orientation.**4b)** In order for Members to achieve impact in the community, it may be necessary for them to receive additional training and support in the form of technical assistance. Describe plans for providing in-service training and for technical assistance.**5) Self-explanatory.**

Checklist of Attachments for Project Application Submission					
	Yr. 1	Yrs. 2...		Yr. 1	Yrs. 2...
Minimum of Three Letters of Support from organizations or government entities who may be involved in the project or who have direct knowledge of your agency's activities.			List of Advisory Council Members if already selected. If not, the list must be submitted to the Corporation before the end of the first quarter of the project.		
Copy of Articles of Incorporation (not applicable to public entities).			Tax exempt status: either IRS determination or copy of application to IRS for exemption (not applicable to public entities)		
List of Board of Directors, or governing body (not applicable if public entity).			Copy of Supervisor's Resume and Job Description		
Organizational chart of the applicant agency.			Copy of most recent financial audit if available.		

Items not normally required after Year 1 should be submitted if changes are made to those items, such as the selection of a new Project Supervisor or change to the Board of Directors.

**AmeriCorps\*VISTA Project Application**  
**Part B, Section I: Background Information**

1a. Financial Resources of Applicant Organization

SOURCE OF FUNDS	CURRENT FUNDING LEVEL	
	TOTAL DOLLAR AMOUNT	Amount To Be Allocated to VISTA Project
Federal		
State		
Local Government		
Other (specify)		
<b>TOTAL</b>		

1b. Are any of your current resources provided by the Corporation for National Service? If so, please specify name of program and funding level.

1c. Will there be a major change in your funding level over the next 12 months? If so, please explain.

2. Is your agency able to contribute financially for all or some of the AmeriCorps\*VISTA Members requested? (Member costs includes monthly living allowance, health care, and end-of-service stipend for those not selecting the education award.)

3. Are 51% or more of the persons on your Board of Directors members of the low-income community? If not, please describe how your agency has developed, or will develop, an Advisory Council for the AmeriCorps\*VISTA project which consists of members or representatives of the low-income community served by the proposed project. (Also see Part B, Section V, Question 1 regarding community involvement.)

**AmeriCorps\*VISTA Project Application**  
**Part B, Section II: Problem Identification and Analysis**

1. State in measurable and quantifiable terms the specific problem(s) the AmeriCorps\*VISTA project will address, including the number of low-income people directly affected by the problem. Use current statistical data, citing source wherever possible, to substantiate the problem.

2. Provide a description of current activities your organization is undertaking to address this problem. If applicable, how will the AmeriCorps\*VISTA project complement this work?

3. If AmeriCorps\*VISTA Member(s) will be assigned through this project to other organizations, list those organizations and contact persons, and provide a letter of support from the Board of Directors of each organization.

## Section III, AmeriCorps\*VISTA Project Work Plan

Column A	Column B	Column C
<b>AmeriCorps*VISTA Project Goals and Objectives</b>	Planned Period of Work	Summary of Accomplished Objectives (Please provide <i>quantifiable</i> information.)



**Part B, Section IV: Member Assignment Description (Continued)**

9. List tasks and activities of the AmeriCorps\*VISTA Member(s) working under this Assignment which relate to the goals and objectives of the work plan.

10. List requested AmeriCorps\*VISTA Member skills and qualifications.

11. Indicate any factors the Corporation should be aware of when assigning disabled AmeriCorps\*VISTA Member(s) to this project, such as availability of transportation and housing, accessibility of facilities, etc. Indicate whether services to be provided are accessible to the disabled members of the community.

***I have read the assignment description and if placed on this project, I agree to fulfill the duties and activities described above as an AmeriCorps\*VISTA Member.***

SIGNATURE OF APPLICANT/MEMBER

DATE

**AmeriCorps\*VISTA Project Application**  
**Part B, Section V: Community Involvement**

1. Describe in specific terms how project beneficiaries have been included in the planning of this project, and how they will be involved in its development and implementation once AmeriCorps\*VISTA Member(s) are assigned.

2a. What resources will the sponsor provide to ensure the success of the AmeriCorps\*VISTA project?

2b. How will the community be involved to ensure sustainability of the AmeriCorps\*VISTA project?

**AmeriCorps\*VISTA Project Application**  
**Part B, Section VI: Project Management and Support**

1a. Describe in specific terms how your organization will recruit qualified AmeriCorps\*VISTA Members to serve on this project.

1b. If you want national recruits to be referred to you by the Corporation, please indicate which assignment description(s) and the number of positions requested.

2. Describe plans for daily supervision of AmeriCorps\*VISTA Members. Specify if supervision will be a full-time or part-time responsibility. If Members will be supervised by individuals at other sites, please list their names and contact numbers. Attach job description(s) and resume'(s) of the person(s) who will have the major responsibility for supervising the AmeriCorps\*VISTA Member(s) assigned to this project.



**AmeriCorps\*VISTA Project Application Part B, Section VI (Continued)**

3. Describe the on-the-job transportation needs of the AmeriCorps\*VISTAs and your plans for meeting those needs.

a. Geographic area in which Members will have to travel: \_\_\_\_\_square miles.

b. Estimated Cost:

1.) Private Vehicle: Estimated no. of miles per year \_\_\_\_\_ X \_\_\_\_\_cents per mile =  
\$ \_\_\_\_\_

2.) Public Transportation: No. of Members \_\_\_\_\_ X \_\_\_\_\_est. no. of trips @ \_\_\_\_\_per trip  
=\$ \_\_\_\_\_

c. How will your Member(s) be reimbursed for their on-the-job transportation expenses?

4a. Briefly describe plans for On-the-Job Orientation (OJO), which should occur immediately upon the Members' arrival at the project.

4b. Describe any on-the-job training opportunities and technical assistance that will be available to the Members throughout their service.

5. Describe plans to publicize the AmeriCorps\*VISTA project, and recognize the accomplishments of the AmeriCorps\*VISTA Member(s), as well as support provided by various segments of the community.

## Assurances-Non-Construction Programs

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of persona or organizational conflict of interest or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (PL 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 USC 1681-1683 and 1685-17686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 USC 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 USC 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (PL 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (PL 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 USC 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (PL 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 USC 1501-1508 and
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 USC 276a and 276a-7), the Copeland Act (40 USC 276c and 18 USC 874), and the Contract Work Hours and Safety Standards Act (40 USC 327-333), regarding labor standards for federally assisted construction sub-agreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (PL 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (PL 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 USC 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 USC 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (PL 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (PL 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 USC 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assurance compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 USC 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 USC 469a-1 et seq.)
14. Will comply with PL 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (PL 89-544, as amended, 7 USC 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 USC 4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residential structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

Authorized for Local Reproduction

Standard Form 424B (4-88)  
Prescribed by OMB Circular A-102

**CERTIFICATIONS REGARDING (A) DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; (B) DRUG-FREE WORKPLACE REQUIREMENTS; AND (C) LOBBYING**

Applicants should refer to the regulations cited below to determine which certification(s) apply to their grant, and review the instructions included in the regulations. Signing this form complies with certification requirements under "Government-wide Debarment and Suspension (Non-procurement)", "Government-wide Requirements for Drug-Free Workplace (Grants)" in 45 CFR Part 1229, and "New Restrictions on Lobbying" in 45 CFR Part 1230. The certification(s) shall be treated as a material representation of fact upon which reliance will be placed when the Corporation determines to award the covered transaction, grant, or cooperative agreement.

**A. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITIES**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 45 CFR Part 1229, for prospective participants in primary covered transactions, as defined at 45 CFR Part 1229, Sections 1229.105 and 1229.110 -

1. The applicant certifies that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) Have not, within a 3-year period preceding this application, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a Federal, State or local government entity with commission of any of the offenses enumerated in paragraph 1(b) of this certification;
  - (d) Have not, within a 3-year period preceding this application, had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**B. DRUG-FREE WORKPLAN (GRANTEES OTHER THAN INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 45 CFR Part 1229, Subpart F, for grantees, as defined at 45 CFR Part 1229, Sections 1229.605 and 1229.610 -

1. The applicant certifies that it will or will continue to provide a drug-free workplace, and will -
  - (a) Publish a statement notifying employees that unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - (b) Establish an on-going drug-free awareness program to inform employees about -
    - (1) The dangers of drug abuse in the workplace;
    - (2) The grantee's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
  - (c) Require that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1(a);
  - (d) Notify the employee in the statement required by subparagraph 1(a) that, as a condition of employment under the grant, employee will -
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer in writing of any conviction for a violation of a criminal drug statute which occurred in the workplace, no later than 5 calendar days after such conviction;
  - (e) Notify the cognizant Corporation Grants Officer within 10 calendar days after receiving notice of such conviction under subparagraph (d)(2) from the employee, or otherwise receiving actual notice. The notice shall include the title of the employee's position and the identification number(s) of the affected grant;
  - (f) Take one of the following actions, within 30 calendar days of receiving notice with respect to any employee who is so convicted -
    - (1) Take appropriate personnel action against such an employee up to and including termination consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - (2) Require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;
  - (g) Make a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1(a) through 1(f).

**C. LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 45 CFR Part 1230, for organizations entering into a grant or cooperative agreement over \$100,000, as defined at 45 CFR Part 1230, Sections 1230.105 and 1230.110, the applicant certifies that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certification(s). (A copy of the governing body's authorization for me to sign this certification as official representative is on file in the applicant's office)

Applicant Organization \_\_\_\_\_

Printed Name and Title of Authorized Representative \_\_\_\_\_

Signature of Authorized Certifying Official \_\_\_\_\_

Date \_\_\_\_\_

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name:		Organizational Unit:	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <div style="border: 1px solid black; width: 20px; height: 20px; float: right; margin-top: -20px;"></div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div style="width: 48%;">           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____         </div> </div>	
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other(specify):</div> <div style="width: 30%;"></div> </div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: 10px;"></div>		<b>9. NAME OF FEDERAL AGENCY:</b>	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date	Ending Date	a. Applicant	b. Project
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <span style="float: right;"><input type="checkbox"/> No</span>	
e. Other	\$	<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
f. Program Income	\$	a. Type Name of Authorized Representative	b. Title
g. TOTAL	\$	c. Telephone Number	
d. Signature of Authorized Representative		e. Date Signed	

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item:   | Entry:   |
|---|--|
| 1. Self-explanatory.  | 12. List only the largest political entities affected (e.g., State, counties, cities).   |
| 2. Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).  | 13. Self-explanatory.  |
| 3. State use only (if applicable).  | 14. List the applicant's Congressional District and any District(s) affected by the program or project.  |
| 4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.  | 15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.   | 16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.  |
| 6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.  | 17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.  |
| 7. Enter the appropriate letter in the space provided.  | 18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)  |
| 8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:  |  |
| -- "New" means a new assistance award.  |  |
| -- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.  |  |
| -- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.  |  |
| 9. Name of Federal agency from which assistance is being requested with this application.   |  |
| 10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.   |  |
| 11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project. |  |

## PART II -- BUDGET

<b>(1) VOLUNTEER SUPPORT EXPENSES</b>						
a. GRANTEE PERSONNEL EXPENSES Position Title	(1) Annual Salary	(2) % Time Spent on Project	(3) Total Cost	(4) Federal Funds Requested	(5) Non-Federal Resources	(6) Excess Resources
	\$	%	\$	\$	\$	\$
TOTAL PERSONNEL EXPENSES	\$	%	\$	\$	\$	\$
b. FRINGE BENEFITS						
c. (1) GRANTEE STAFF LOCAL TRAVEL						
c. (2) GRANTEE STAFF LONG DISTANCE						
d. EQUIPMENT						
e. SUPPLIES						
f. CONTRACTUAL SERVICE						
g. OTHER:						
Communications						
Printing						
Space						
h. INDIRECT COSTS						
<b>i. TOTAL VOLUNTEER SUPPORT EXPENSES</b>			\$	\$	\$	\$
<b>(2) VOLUNTEER EXPENSES</b>			\$	\$	\$	\$
a. PERSONNEL EXPENSES						
Stipend/End of Service Allowance						
Subsistence Allowance						
Leave Allowance						
Reenrollment/Extension Allowance						
b. FRINGE BENEFITS						
Meals						
FICA 7.65% of Stipend						
Uniforms						
Insurance						
Recognition						
Other:						
c. TRAVEL						
d. EQUIPMENT						
e. SUPPLIES						
f. CONTRACTUAL SERVICE						
g. OTHER:						
<b>h. TOTAL VOLUNTEER EXPENSES</b>						\$
<b>i. TOTAL COSTS</b>						\$
<b>(3) PERCENTAGES</b>			100%			

# **DIRECT** **DEPOSIT** SIGN-UP FORM

### DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

**SECTION 1 (TO BE COMPLETED BY PAYEE)**

<b>A</b> NAME OF PAYEE <i>(last, first, middle initial)</i>		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i>		<b>E</b> DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <span style="position: absolute; top: 0; right: 0; font-size: 8px;">12345678901234567890</span> </div>	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER		<b>F</b> TYPE OF PAYMENT <i>(Check only one)</i> <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>	
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY <i>(if applicable)</i>	
<b>C</b> CLAIM OR PAYROLL ID NUMBER  <div style="display: flex; justify-content: space-between;"> <span>Prefix</span> <span>Suffix</span> </div>		<div style="display: flex;"> <div style="flex: 1;">TYPE</div> <div style="flex: 1;">AMOUNT</div> </div>	
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>  I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> <i>(optional)</i>  I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

**SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

**SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
		DEPOSITOR ACCOUNT TITLE		
<b>FINANCIAL INSTITUTION CERTIFICATION</b>				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

## BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

## PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

## INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury <sup>15-51</sup>/<sub>1000</sub>

AUSTIN, TEXAS

Check No. 0000 - 4157815

Month Day Year  
08 31 84

Pay to the order of  
JOHN DOE  
123 BRISTOL STREET  
HAWKINS BRANCH, TX 76543

29-693-775 00 C

28 28  
VA COMP

DOLLARS CTS  
\$ \*\*\*\*100\*00

**NOT NEGOTIABLE**

@0000005186 041571926

## SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

## CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

## CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

## FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.